

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90500 030 \*\*\*158.75

**DOCUMENT # P93000046216**

1. Entity Name  
**SANDI LYNNE WRITTEN WORDS, INC.**



Principal Place of Business      Mailing Address

9119 E BOCA GARDENS CIRCLE SOUTH      9119 E BOCA GARDENS CIRCLE SOUTH  
 BOCA RATON, FL 33496      BOCA RATON, FL 33496

**DO NOT WRITE IN THIS SPACE**



02222004      No Chg-P      CR2E034 (10/03)

4. FEI Number  
**11-2630694**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LYNNE, SANDI  
 WALL STREET IN ADVANCE  
 9119 E BOCA GARDENS CIRCLE SOUTH  
 BOCA RATON, FL 33496

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Sandi Lynne Pres.*      DATE: *4/11/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LYNNE, SANDI
STREET ADDRESS	9119 E BOCA GARDENS CIRCLE SOUTH
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	ST
NAME	FREEMAN, RITA
STREET ADDRESS	<i>10799 Santa Rosa Dr.</i>
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandi Lynne Pres.*      Date: *2/23/04*      Daytime Phone #: *561 482 2167*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR